



CITY OF HUBBARD

Employment Application

3720 2ND St. PO BOX 380
Hubbard, OR 97032
Business 503-981-9633 FAX 503-981-8743
www.cityofhubbard.org
An Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ 18 years or older? Yes No

Position Applied for: _____ Desired Salary \$ _____

Ever Applied or worked for this Company Before? Yes No If so, explain: _____

Where Applied: _____ Dates Applied: _____

Who Referred you to this Company: EMP Agency News Paper Other State Employment Office

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: Yes No GED: Yes No

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Business or Trade School

Business or Trade School Name; _____ Address; _____

From: _____ To: _____ Course or Degree certificate _____ Did you graduate? Yes No

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Go back at least 10 years if you have worked that long. Describe each job separately, emphasizing your specific task and supervisory, technical or other responsibilities. Give special attention to experience relating to the job which you are applying. Incomplete descriptions may result in lower ratings. Explain significant breaks in work experience. You must complete this section of the application form. If you do not feel that the space provided for DUTIES is adequate, please attach additional sheets.

Previous Employment

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous Employer? Yes No

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous Employer? Yes No

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous Employer? Yes No

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Applicant Data Record

This information is requested solely for the purpose of determining compliance with Government regulations and affirmative action responsibilities. Your response will not affect consideration of you application. This data is for periodic Government reporting and will be kept in a confidential File separate from the application for employment

Name: _____ Date: _____

Position Applied for _____ Sex: Male Female

Social Security # _____ Age _____ DOB _____

Race & Ethnic Origin: (see definitions below)

- Asian
- Black
- Hispanic
- American Indian or Alaskan Native
- White

DEFINITIONS

The racial and ethnic categories for Federal statistic and administrative reporting are defined as follows:

ETHNICITY:

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

RACE:

Asian or Pacific Islander: A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black: A person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HANDICAP:

Any physical and/or mental condition which might cause you difficulty in securing, retaining or advancing in employment. If you are handicapped, you should check the "yes" box under handicap. This information is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be kept confidential and will be used only in conjunction with our Affirmative Action program under the Rehabilitation Act of 1973. The hiring department will seek your views if accommodations is necessary.



Supplemental Questionnaire

Name: _____ Address: _____

Directions: Answer all the questions in **your own handwriting**. Because this questionnaire is going to be used for investigation purposes, **DO NOT** misstate or omit material facts as statements made herein are subject to verification to determine your eligibility for employment.

1. Are you a United States Citizen? Yes No

2. Do you have any special needs that we would need to accommodate you? Yes No
If yes, explain: _____

3. Have you used or ever used, any mind altering drugs other than those prescribed by a physician? Yes No If yes, explain _____

4. For Investigation purposes, please provide the following information:
 - A. Any other names you have gone by: _____

 - B. List spouse, parents, guardians, stepparent and foster-parents:

Name	Address	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

5. Because the job involves the use of City Vehicles, we need to know the following:
 - A. Do you possess a valid driver's license? Yes No
State _____ License # _____

 - B. Has your driver license been, denied, revoked or suspended? Yes No
If yes, explain: _____

 - C. Do you have auto insurance at this time? Yes No

 - D. Have you ever been refused auto insurance or had your auto insurance revoked or withdrawn? Yes No
If yes, explain: _____

Supplemental Questionnaire continued:

6. Please explain briefly, why you would like to work for the City of Hubbard. Include in this discussion special attributes (sports, activities, groups activities, hobbies, speaking abilities) which enhance good community inter-relationships.

7. List all your residences for the past ten (10) years. Include date and addresses.

8. Are you now, or have you ever been, a member of an organization which has either advocated the overthrow of our Constitutional form of government or advocated to deny any individual the rights granted under the U.S. Constitution? Yes No

If yes, explain _____

9. Have you ever been arrested? Yes No If yes, explain _____

FOR POLICE EMPLOYMENT

10. Do you wear glasses? Yes No Uncorrected vision ___/___ Corrected Vision ___/___

11. Do you have any degree of color blindness? Yes No If yes, explain _____

12. Since Police work involves 24 hour work schedule, can you work night and weekends ?

13. Height _____ Weight _____ Eye Color _____ Hair Color _____

A. Any distinguishing marks? Yes No If yes, explain _____

Supplemental Questionnaire continued:

Please provide copies of educational diplomas, college transcripts, military DD 214, and/or training certificated which will assist us in substantiating all statements in this application and questionnaire, or will assist us in determining your education or training for the position.

Print Full Name: _____ Date of Birth: _____

I hereby certify that this questionnaire contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in the questionnaire is cause for cancellation of the application and/or dismissal from employment. I authorize the City of Hubbard to make any necessary and appropriate investigations to verify the information contained herein, and release from all liability any persons, companies, or corporations supplying any information pertaining to me.

Applicants signature

Date

*Note: City of Hubbard Personnel Policies: 5.06 -Public Works/Police Employees
Due to the nature of the essential functions required to successfully perform Public Works and Police Department positions, applicants who are otherwise qualified shall be offered employment, subject to the results of a full physical examination and drug screen. Police Employment requires Physiological examinations.*

Prior to final appointment of hire, medical examinations shall be conducted by a licensed physician selected by the City of Hubbard. The purpose of the examination is to determine whether the applicant can safely perform essential functions of the position offered. Pre-hire drug screening shall be conducted by a licensed physician, as directed by the City pursuant to the Substance Abuse Prevention Program policies in Section 17.00.

The City will pay for the cost of any examination it requires.



CITY OF HUBBARD
503-981-9633

AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the *CITY OF HUBBARD* with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, financial and credit status. Please include any and all medical, physical, mental records, and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in reply will be used to assist the City in determining my qualifications and fitness for placement in the position I am seeking with the City of Hubbard.

I hereby release you, your organization and others from liability to damage which may result from furnishing the information.

Applicants Signature

Date

I hereby authorize the release of Military Service Records, to the *City of Hubbard*, Hubbard, Oregon.

Applicants Signature

Date

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.

CITY OF HUBBARD Veteran's Preference Form

Under Oregon law, some veterans who are otherwise qualified for a city position may be eligible for preference on the list established as a result thereof. If you think you may qualify, **please read the following checklist carefully**. Check the box for each item that is appropriate. You may get help from our office if you need further explanation or have special circumstances at 503-981-9633.

Note: This completed form and the required documentation must be submitted to the City of Hubbard at the time you submit your application.

- A. **QUALIFIED VETERAN QUESTIONS:** You may claim veteran's preference if you check **at least one box in each of the two sections below** and provide **proof of eligibility** by submitting a copy of your **DD-214 and 215** that includes your discharge status, e.g. honorable discharge.

Section One – ORS 408.225(1) and ORS 408.225(2)

- I served on active duty* with the Armed Forces of the United States for a period of more than 178 consecutive days and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(E)(A)(i) **OR**
- I served on active duty* with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability ORS 408.225(1)(e)(a)(II) **OR**
- I served on active duty* with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(e)(a)(III) **OR**
- I received a combat or campaign ribbon for service in the Armed Forces of the United States. ORS 408.225(1)(B).

*Attendance at a school under military orders, except schooling incident to an active enlistment or regular tour of duty, or normal military orders, except schooling incident to an active enlistment or regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or National Guard unit is not considered active duty ORS 408.225(2)

Selection Two - ORS 408.230(1) and ORS 408.230(5)

- This application is for an initial appointment to City service (not a promotion test for a position which will put me in another job class having a higher maximum salary rate); **OR**
- After my initial permanent appointment to a City position, I was granted military leave to serve in the armed services for more than 178 days, and then returned to duty in a permanent city position. This application is for a promotion to a position that would put me in a higher job class having a higher maximum salary rate.

*****You must provide proof of eligibility by submitting a copy of your DD-214 or DD-215 that includes your discharge status, (i.e., honorable discharge).**

I hereby claim a veterans' preference and certify the above information is true and correct. I understand any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Social Security Number

Signature of Applicant

Date

Position Applied For _____

Preference will not be given without the appropriate documentation. You must submit a copy of your DD-214 or DD-215 that shows discharge status in all cases. If you are claiming disabled veteran preference, you must also submit a copy of your veterans' disability preference letter stating your disability from the Department of Veterans' Administration dated within the last 6 months. You will not receive preference without these accompanying documents.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim enhanced veterans' preference if you can check at least one box in each of the two sections below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your **DD-214 or DD-215 form showing your discharge status, and**
2. **A copy of your veterans' disability preference letter stating your disability and dated within the last 6 months from the Department of Veterans' Administration.**

Selection One ORS 408.225(1)(c)

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; **OR**
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; **OR**
- I was awarded the Purple Heart for wounds received in combat.

Selection Two - ORS 408.230

- This is not a promotion test for a position which will put me in a higher class and I am officially certified as having service connected disabilities; **OR**
- After my initial permanent appointment to a civil service position, I was granted military leave to serve in the armed services, and then returned to duty in a permanent civil service position. This is a promotion test for a position that would put me in a higher class having a higher maximum salary rate. ORS 408.230(5).

I hereby claim a veterans' preference and certify the above information is true and correct. I understand any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Social Security Number

Signature of Applicant

Date

Position Applied For _____

Preference will not be given without the appropriate documentation. You must submit a copy of your DD-214 or DD-215 that shows discharge status in all cases. If you are claiming disabled veteran preference, you must also submit a copy of your veterans' disability preference letter stating your disability from the Department of Veterans' Administration dated within the last 6 months. You will not receive preference without these accompanying documents.